



**Institute for Behavior and Health**  
*Creating Tomorrow's Drug Policy*

**Robert L. DuPont, MD.**  
*President*

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Walter F. Vogl, Ph.D.  
Division of Workplace Programs  
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Dear Doctor Vogl,

In response to the Proposed Revisions to Mandatory Guidelines for Federal Workplace Drug Testing Programs published April 13, 2004, I wish to express my gratitude that these revisions have finally been published. The public interest requires that drug testing get outside of the urine cup and that testing include oral fluid, sweat and hair testing. The same solid science of an immunoassay screen and confirmation by GC/MS or similar technology that is used in urine drug testing is available in these alternative matrices. However these new matrices offer useful additional information and go a long way toward solving two serious problems with urine drug testing: the virtual elimination of the value of opiate positives due to the poppy seed problem and cheating.

There are three significant problems with the Proposed Revisions to which I want to call your attention. The requirement that oral fluids testing for marijuana be accompanied by a urine test to insure that a positive result is not due to environmental contamination is unreasonable and counterproductive. The biggest problem with oral fluids testing is the difficulty in detecting marijuana, not over sensitivity. If you want additional studies of environmental exposure in relationship to oral fluids testing that is reasonable but it is not reasonable to hold up this useful new application of drug testing on the basis of a purely hypothetical and patently improbable problem.

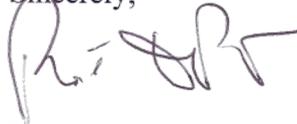
Second, the gratuitous comment in these revisions about there being a "major concern" over hair color and positive results on hair tests is inflammatory and baseless. There are biological variations in all drug tests which relate the risk of a "positive" test related to various levels of drug consumption. Obvious examples are difference in weight, age, and gender for the metabolisms of all drugs. More pointedly the differences in alcohol blood levels related to specific levels of consumption based on these factors are well known. There has been no interest in normalizing drug test positives for amount of drug used for urine results and none in alcohol

testing. There is no good reason to toss out the canard in hair testing as if this issue was unique to hair testing. If the Department wanted to “normalize” all drug tests so that similar levels of drug use produced similar levels of drug detection results for each matrix, that would be stupid but consistent. To apply this concern only to hair testing is blatantly unreasonable and completely unjustified by the studies of hair testing results related to hair color which are cited in the Proposed Revisions of Guidelines themselves.

Third, the limitation to head hair because of privacy reasons appears unwarranted. Body hair (arm, leg, chest and underarm) has been a part of hair testing in the private sector for over 15 years. The Department’s privacy concerns might be addressed by simply eliminating pubic hair as a source for a sample as has been done in the private sector. It should be remembered that observed urine testing is still part of the Department’s program and all urine samples are obtained from the genital area. Routine head collection is less intrusive than routine urine collection. Non-routine body hair collection (with the elimination of pubic hair) would be less intrusive than non-routine observed urine collection.

Again, I thank SAMHSA and HHS for finally getting these proposed Revisions out after years of shameless neglect.

Sincerely,

A handwritten signature in black ink, appearing to read "R. DuPont", written in a cursive style.

Robert L. DuPont, M.D.

RLD:apb